CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Friedman	Michael		Allen	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Independent Citizens Oversight Committ	ee (California Insti	tute for Regenerative Med	dicine)	
Division, Board, Department, District, if applicable		Your Position		
Board		Board member		
▶ If filing for multiple positions, list below or on an at	ttachment. (Do not use	acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one I	iox)			
State		☐ Judge or Court Commiss	ioner (Statewide Jurisdiction)	
Multi-County		County of		
City of		_		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2015 December 31, 2015.	, through	Leaving Office: Date L (Check one)	eft/	
The period covered is	, through	 The period covered in leaving office. -or- 	is January 1, 2015, through the da	te of
Assuming Office: Date assumed/	<i>J</i>	The period covered the date of leaving of	is/, thro	ough
Candidate: Election year	and office sought, if d	lifferent than Part 1;		
4. Schedule Summary (must complete)	► Total number	of pages including this co	over page:	
Schedules attached				
Schedule A-1 - Investments – schedule attac	hed 🔽	Schedule C - Income, Loans, &	Business Positions - schedule atta	ached
Schedule A-2 - Investments - schedule attac	hed	Schedule D - Income - Gifts -	schedule attached	
Schedule B - Real Property - schedule attac	hed 🔲	Schedule E - Income - Giffs -	Travel Payments - schedule attach	ed
-or-				
☐ None - No reportable interests on any	schedule			
5. Verification			V . A	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	TE ZIP CODE	
1500 East Duarte Road	Duarte	CA	91010	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(626) 665-5300		mfriedman@coh.org		
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			of my knowledge the information c	ontained
I certify under penalty of perjury under the laws of	of the State of Californi	ia that the foregoing is true and	d correct.	
Date Signed 425/14		~-~ (0.00	
Date Signed(month, day, year)	Si	gnature 70 1 Chael	igned statement with your filing official.)	
f		fr an min million), o	attended the season of contract	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Celgene Corp	Intuitive Surgical Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology	Medical Device
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 / 15 ACQUIRED DISPOSED	/ / 15 / 15 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Mannkind Corp	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 \$10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Oescribe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
///	45 0 . 45
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Smith and Nephew Llc	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Device	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//15/_/15	/ / 15 / / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
l l	
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
FRIEDMAN

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
SMITH AND NEPHEW	INTUITIVE SUBGICAL	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
LONDON, UK	SUMMY VALE, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
MEDICAL DEVICE COMPANY	MEDICAL DEVICE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
BOARD MEMBER	BOARD MENBER	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
S500 - \$1,000 S1,001 - \$10,000	S500 - \$1,000 S1,001 - S10,000	
S10,001 - \$100,000 VER \$190,000	\$10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Selary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.)	
Partnership (Less then 10% ownership. For 10% or greater use Schedule A-2.)	Parinership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
☐ Sale of	Sale of	
(Real property, csr, boal, etc.)	(Real property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, 4st each source of \$10,000 or more	
(Doscribe)	(Describe)	
Char	Other	
(Describe)	(Describe)	
▶ 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER		
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to study. Personal loans and loans received not in a lender's state.	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	% None	
	SECURITY FOR LOAN	
	None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER		
BUSINESS ACTIVITY, IF ANY, OF LENDER	Coal Buseries	
	Real PropertyStreet address	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000	Real PropertyStreet address	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Cay Guarantor	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Street address City	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Cay Cay Other	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR PULITICAL PRACTICES COMMISSION
Name
FRIEDMAN

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CELGENE CORP	MANNKIND CORP
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SUMMIT, NEW JERSEY	DANBURY, CONNECTICUT
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BIOTECHNOLOGY	BIOTHECHNOLOGY COMPANY
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
BOARD MEMBER	BOARD MEMBER
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
₩ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Sziary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, cer, boat, etc.) Loan repsyment	(Real property, car, boat, etc.)
Commission or Rental Income, Ast each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Cescribe)
Other(Describe)	Other(Describe)
> 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a elender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	C Barl Present
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
☐ \$500 - \$1,000	
S1,001 - \$10,000	City
∏ \$10,001 - \$100,000	Gueranior
OVER \$100,000	
	Other
CACA Algaign	[Describe]
	(Describe)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR FOLITICAL PRACTICES CONVISSION
Name

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
CELGENE CORP	SMITH + NEPHEN
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SUUMIT, NJ	LONDON UK
CITY AND STATE "	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):
MUST CHECK ONE: Gift -or- MIncome (QUINGULE)	MUST CHECK ONE: Gift -or- Princome (QEING)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description BOARD TRAVEL	Other - Provide Description BOASO TRAVEL
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
MANNILING CORP	INTUITIVE SUPGICAL
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S)://
MUST CHECK ONE: Gift -or- Income (DE 14-13)	► MUST CHECK ONE: ☐ Gift -or- (Management)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Paper TRAEL	Other - Provide Description BOARD TRAVEL
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	